IPDR6702				NORTH CAROLINA			PAGE: 1	
	01/13/2004			IPRS CHECKWRITE SUMMARY REPORT			TAGE. I	
				CHECKWRITE DATE: 01/13/2004				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404001		1.1	000	ON THE MOST BY TOTAL ON SERVICE				
3404901	SMOKY MOUNTAINM	11	280	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		0	0			280	438	158
		*	-			280	430	138
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		(0	0	0
						_		
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***			1	
	DS LME					-		
	1					-	1	
-	1	0	0					
	+	0	0		(0	0	0
	+						1	
3404905	TREND COMM MENT	21	919	DUPLICATE OF CLAIM-SYSTEM			1	
	AL HLTH CTR							
	AL BLIR CIK							
		8599	223	DETAIL NOT COVERED BY COMBINAT	4	1419	3523	2104
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	156	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404907	RUTHERFORD-POLK	21	96	DUPLICATE OF CLAIM-SYSTEM				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE		120	0.43	104
				DATE	(139	243	104
		8622	21	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404910	PATHWAYS	8505	3442	CLAIM DENIED DUE TO INSUFFICIE				
	1			NT BUDGET				
	1					1	1	
	-	8502	7.4	CLAIM DENIED DUE TO INSUFFICIE		-		
	1	0302	74	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT	(3644	4108	464
					+	1		
	+			+		1	+	
		11	56	CLIENT NOT ELIGIBLE ON SERVICE		1	1	
	+			DATE		 	1	
	1							
3404912	CATAWBA COUNTYM	8931	388	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
	1							
	1	8599	228	DETAIL NOT COVERED BY COMBINAT	510	825	5755	4930
	1			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		-		
		8935	69	ASTNC INELIGIBLE TO RECEIVE SE		1	-	
		0,00	0.5	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.		1		
	+		-			-	 	
			+			+		
	1	1				1	I	1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404913	MECKLENBURG COM	11	3456	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	2094	DETAIL NOT COVERED BY COMBINAT	513	6927	21209	14282
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	251	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404916		11	62	CLIENT NOT ELIGIBLE ON SERVICE				
3404916	CROSSROADS BEHA	11	62	DATE				
	VIORAL HEAL							
		0	0		0	62	253	191
3404917	CENTERPOINT HUM	8599	248	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0025	112	NORMA THE TOTAL BOOK STORY				
		8935	113	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	226	866	6169	5303
				WIGHT ING.				
		8326	104	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
3404918	ROCKINGHAM CO M	8599	154	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	7.2	CLIENT NOT ELIGIBLE ON SERVICE				
		11	73	DATE	26	322	3066	2743
				5112				
		8505	43	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404919	GUILFORD CO MEN	8505	2443	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	286	FURTHER PROCESSING NECESSARY,				
		0000	200	PLEASE CHECK FOR CLAIM ON	272	3576	6307	2731
				FUTURE RA'S.				
		8599	260	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
					1			
				BENEFIT PACKAGE.				1
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8505	1409	CLAIM DENIED DUE TO INSUFFICIE				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1409					
3404920		8505	1409	CLAIM DENIED DUE TO INSUFFICIE				
3404920		8505 8599	1409	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	33	1695	4267	2572
3404920				CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	33	1695	4267	2572
3404920		8599	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	33	1695	4267	2572
3404920				CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC	33	1695	4267	2572
3404920		8599	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	33	1695	4267	2572
		8599	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	33	1695	4267	2572
3404921	L AREA MH D	8599	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME PRIOR AUTHORIZED DOLLARS EXCEE	33	1695	4267	2572
	L AREA MH D	8599	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	33	1695	4267	2572
	L AREA MH D	8599	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME PRIOR AUTHORIZED DOLLARS EXCEE	33	1695	4267	2572
	L AREA MH D	8599	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME PRIOR AUTHORIZED DOLLARS EXCEE				
	L AREA MH D	8599 191 5312	190 34 2680	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME PRIOR AUTHORIZED DOLLARS EXCEE DED	33			
	L AREA MH D	8599 191 5312	190 34 2680	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME PRIOR AUTHORIZED DOLLARS EXCEE DED CLAIM DENIED DUE TO INSUFFICIE				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404922		21	2242	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21	2242	DOFLICATE OF CLAIM-SISIEM				
	ER							
		120	1212	CLIENT ID NUMBER MISSING OR IN	12	4247	5581	1334
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	642	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923		0500	345	DETAIL NOT COVERED BY COMBINAT				
3404523	VGFW AREA AUTHO	8599	343	ION OF RECIPIENT, PROVIDER AND				
	RITY			BENEFIT PACKAGE.				
		11	129	CLIENT NOT ELIGIBLE ON SERVICE	12	577	4763	4132
				DATE	12	377	4703	4132
					1			
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404924	PIEDMONT AREA M	8525	143	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		191	15	CLIENT ID NUMBER DOES NOT MATC				
		131	13	H PATIENT NAME	0	160	160	(
				H TATIENT WAND				
		143	2	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404925	SANDHILLS CENTE	8505	1469	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	333	DETAIL NOT COVERED BY COMBINAT	196	2182	4983	2801
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	121	ASTNC INELIGIBLE TO RECEIVE SE				
		6533	121	RVICES IN IPRS.				
					+			
3404926	SOUTHEASTERN RE	8599	1794	DETAIL NOT COVERED BY COMBINAT	1			
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND	1	1		
				BENEFIT PACKAGE.				
		11	1375	CLIENT NOT ELIGIBLE ON SERVICE	2250	7988	13843	5855
				DATE				
		0001	1006	ALUMNIA TURNI TATALA MA DELL'ALIA				
		8931	1086	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
					1			
3404927	CUMPERTAND CO M	8505	1337	CLAIM DENIED DUE TO INSUFFICIE	1			
	CUMBERLAND CO M HC			NT BUDGET	+			
	nc				+			
				+	+			
		8599	197	DETAIL NOT COVERED BY COMBINAT	22	1781	5577	3796
			1	ION OF RECIPIENT, PROVIDER AND	22	1761	3377	3,36
				BENEFIT PACKAGE.				
		5404	51	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929	LEE HARNETT MH/	21	156	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		11	109	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	382	5268	4886
				DATE				
		8599	61	DETAIL NOT COVERED BY COMBINAT				
		0033	01	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8931	145	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
	MNID HITHC							
		8599	21	DETAIL NOT COVERED BY COMBINAT	174	218	2299	2080
				ION OF RECIPIENT, PROVIDER AND	277	220	2233	2000
		1	1	BENEFIT PACKAGE.				
		1	1					
		8935	20	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	21	1698	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		8599	689	DETAIL NOT COVERED BY COMBINAT	358	3831	16465	12634
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	435	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404932	RANDOLPH/SANDHI	21	3155	DUPLICATE OF CLAIM-SYSTEM				
	LLS CO MH C							
		8599	181	DETAIL NOT COVERED BY COMBINAT				
		8399	101		187	3836	8547	4711
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0021	115	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	115	RVICES IN IPRS.				
				RVIOES IN TINS.				
		+	+		 			
3404933	COUMING COMPAN	8505	400	CLAIM DENIED DUE TO INSUFFICIE	 			
	SOUTHEASTERN CT R FOR MH/DD		1	NT BUDGET	 	1		
	A FOR PIR/DD	+	+		1			
		+	1					
		8000	120	NO RATE AVAILABLE ON FILE TO P	87	1014	6492	5478
		+	1	RICE THIS CLAIM DETAIL	87	1014	0432	5470
		1	1		1	1		
			1					
		8599	108	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
3404934	ONSLOW COUNTY B	21	359	DUPLICATE OF CLAIM-SYSTEM				
	EHAVIORAL H							
			1					
			1					
		8505	152	CLAIM DENIED DUE TO INSUFFICIE	43	1015	2417	1402
			1	NT BUDGET				
		1						
		8599	142	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	DECLIFER WATER	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		C	0	0	0
3404936	WILSON-GREENE M	8931	32	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
	ENTAB HEADT							
		8505	28	CLAIM DENIED DUE TO INSUFFICIE	54	166	3927	3761
				NT BUDGET				
		8932	20	CMTNC INELIGIBLE TO RECEIVE SE				
		0932	20	RVICES IN IPRS.				
				AVIOLO IN IIIO.				
3404937	EDGECOMBE NASH	8505	464	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		8599	393	DETAIL NOT COVERED BY COMBINAT	343	1781	8713	6932
				ION OF RECIPIENT, PROVIDER AND			1	
				BENEFIT PACKAGE.			1	-
		8935	235	ASTNC INELIGIBLE TO RECEIVE SE				
		0333	233	RVICES IN IPRS.				
				AVIOLO IN IIIO.				
3404938	HALIFAX COUNTYM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		C	0	0	0
3404939		11	467	CLIENT NOT ELIGIBLE ON SERVICE				
3404939	NEUSE MENTAL HE	11	467	DATE				
	ALTH CENTER			DATE				
		8599	233	DETAIL NOT COVERED BY COMBINAT	100	1197	4189	2992
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	133	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404941		120	30	CLIENT ID NUMBER MISSING OR IN				
- 10 17 11	PITT CO MH/DD/S	1		VALID. ENTER CID AND SUBMIT			1	1
	AS CENTER			AS A NEW CLAIM				
							1	1
		191	23	CLIENT ID NUMBER DOES NOT MATC	4	122	594	472
				H PATIENT NAME			7.7	
		8000	17	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
							1	
3404942	BOSNON	8599	137	DETAIL NOT COVERED BY COMBINAT			1	
3404942	ROANOKE CHOWANH	0000	1-21	ION OF RECIPIENT, PROVIDER AND			1	1
	UMAN SERVIC			BENEFIT PACKAGE.			1	1
					1	1	1	
		11	58	CLIENT NOT ELIGIBLE ON SERVICE	20	305	2420	2115
		11	58	CLIENT NOT ELIGIBLE ON SERVICE DATE	29	305	2420	2115
		11	58		29	305	2420	2115
				DATE	29	305	2420	2115
		11	58	DATE NO RATE AVAILABLE ON FILE TO P	29	305	2420	2115
				DATE	29	305	2420	2115

Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943		8505	154	CLAIM DENIED DUE TO INSUFFICIE				
3404943	ALBEMARLE MENTA	8303	154	NT BUDGET				
	L HEALTH CE			NI BODGET				
		8800	87	FURTHER PROCESSING NECESSARY,	39	342	2009	1667
				PLEASE CHECK FOR CLAIM ON	-			
				FUTURE RA'S.				
		8932	22	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944		8599	73	DETAIL NOT COVERED BY COMBINAT				
3404344	EASTPOINTE HUMA	0333	7.5	ION OF RECIPIENT, PROVIDER AND				
	N SERVICES			BENEFIT PACKAGE.				
	+	8931	61	AMTNC INELIGIBLE TO RECEIVE SE	131	353	6353	6000
				RVICES IN IPRS.	131	303	0353	2200
		8935	55	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946		11	175	CLIENT NOT ELIGIBLE ON SERVICE				
3404946	FOOTHILLS AREAM	11	175	DATE				
	ENTAL HEALT			DATE				
		7007	49	EXCEEDS MAXIMUM UNITS ALLOWED	0	224	277	53
				PER MONTH(S)	·	Ar Ar A	2011	55
3404957	TIDELAND MENTAL	8599	246	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	78	CLIENT NOT ELIGIBLE ON SERVICE				
		11	7.6	DATE	155	568	1529	961
				DATE				
		8931	67	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
	1							
	+	0	0					
		-	-		0	0	0	0
	+							
3404979	NEW RIVER AREAM	11	175	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	62	DUPLICATE OF CLAIM-SYSTEM	8	349	3304	2955
	1	0500	26	DEMOTE NOW COMPANY OF COMPANY				
	1	8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	+			BENEFIT PACKAGE.				
1	1						1	